Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

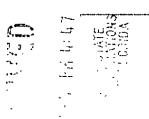
From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emai]	. Address:	



LLC REGISTERED AGENT CHANGE SWANHOLM CENTRAL, LLC

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COVER LETTER

	on Section of Corporations			
Swa SUBJECT:	nholm Central, LLC			
<u></u>	Na	ame of Limited	d Liabilit	y Company
Dear Sir or Madai	n:			
The enclosed Reg	istered Agent/Registered O	ffice Change a	and fee(s)	are submitted for filing.
Please return all c	orrespondence concerning t	this matter to t	he follov	ving:
Lori Whalen				
	Name of Person	· 		
Registered Agent S	Solutions, Inc.			
	Firm/Company			
Corporate Center C	One, 5301 Southwest Pkwy, St	e 400		
	Address			
Austin, TX 78735				
	City/State and Zip Code			
E-mail addr	ess: (to be used for future a	nnual report ne	otificatio	n)
For further inform	nation concerning this matte	er, please call:		
Lori Whalen		888 at ()	705-7274
1	lame of Person		Ar	ea Code & Daytime Telephone Number
Registra Division P.O. Bo	Address: tion Section of Corporations x 6327 see, FL 32314		R D Tl 24	ereet Address: egistration Section ivision of Corporations he Centre of Tallahassee 115 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed	l is a check for the followi	ng amount:		
□ \$25 Fi	ling Fee		3 \$55 Fi	ling Fee & Certified Copy
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	286 107TH AVENUE	(b	1416 Ck	arkview Road			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 (**		Mailing address o (Note: MAY B		-	
	SUITE 300						
	TREASURE ISLAND, FL 33706		Baltimore	e, MD 21209			
	7/18/2006		L06000071	1589			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	TRAC - The Registered Agent Company						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Ł	_			
	236 E 6th Avenue						
	Tallahassee . F	32303	· · · · · · · · · · · · · · · · · · ·	=			
		L			. -	702	
(b)	Registered Agent Solutions, Inc.				٠.	308	4-
(,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	iress:	-		2023 DEC -	
	2894 Remington Green Ln.					L PM	
	NEW Registered Office Address:			-	-		••
	Ste. A			_		: <u>.</u> 9	
	Tallahassee	32308					
agent was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Jaclyn Wright	e registere lability co of the lim c limited li	d office and mpany, it is ited liability	d the business s hereby confir y company or a apany.	office of med that	the regi the cha vise pro	stered nge(s) vided in
	ture of a member or authorized representative of a member			Printed or typed	name of si	gnee	
provisi the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	nerforma	ince of my a	duties and Lor	n familia	r with a	nd accent